

**TOWN OF ENFIELD
RECREATION DIVISION
AUTHORIZATION TO MAINTAIN MEDICATION**

In accordance with my request that the Recreation Division store certain medications to be used by my child, I _____, hereby authorize the Recreation Division to store the below listed medication(s) at an Enfield Recreation facility for use by my child, _____, only in the event of an emergency or as required by the prescription. I agree that the Town of Enfield, its agents, employees and/or officials, shall not be responsible for the storage and/or dispensing of the medication. I further agree that the Town of Enfield, its agents, employees and/or officials shall be held harmless from any claims that may arise as a result of the storage and/or dispensing of the medication.

Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription. Over-the-counter drugs must be in their original container. Medications are to be delivered to the counselor by a parent or guardian. The Recreation Division does not provide refrigerated storage facilities for the storage of medication.

Name of medication:_____

Dose and method of administration:_____

Time of administration (as required by prescription): _____

Does the child know how to take the medication? Yes_____ No_____

Relevant side effects to be observed, if any:_____

If there are side effects, plan for management:_____

Physician's Name:_____Telephone #:_____

Physician's Address_____

Name:_____ Relationship to child:_____
(Type or Print)

Address: _____

Telephone #:_____

Signature:_____ Date:_____